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CONFIRMATION NO. 2546

<b>SERIAL NUMBER</b> 10/605,547	<b>FILING OR 371(c) DATE</b> 10/07/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 6858.P001x13
<b>APPLICANTS</b> Stephen J. Brown, Woodside, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/237,194 01/26/1999 which is a CON of 08/481,925 06/07/1995 PAT 5,899,855 which is a CON of 08/233,397 04/26/1994 ABN which is a CIP of 07/977,323 11/17/1992 PAT 5,307,263 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 12/30/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 82
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Health Hero Network, Inc. 2570 w. El Camino Real, Ste 111 Mountain View ,CA 94040				
<b>TITLE</b> A SYSTEM AND METHOD FOR MONITORING AIR FLOW FROM A PERSON				
<b>FILING FEE RECEIVED</b> 2272	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	